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| <b>Case Number:</b>   | CM15-0205122 |                              |            |
| <b>Date Assigned:</b> | 10/22/2015   | <b>Date of Injury:</b>       | 08/21/2014 |
| <b>Decision Date:</b> | 12/09/2015   | <b>UR Denial Date:</b>       | 09/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female patient, who sustained an industrial injury on 8-21-14. The diagnoses include bursitis, lumbago and sacroiliac sprain. Per the note dated 9-8-15, she presented with complaints of aching in her low back and sacral area rated at 1-2 out of 10. She was able to increase her daily activities such as driving and sitting and incorporate squats and gliding exercises, as well as using a treadmill, with "nominal" increase in pain. She had bursitis on the piriformis muscle on the right side. The physical examination dated 9-8-15 revealed pain on palpation close to the sciatic notch on the right side. The medications list includes armour thyroid, bone up, cal phos, comfrey, fish oil, vitamin C, vitamin E, flax seed oil, MVI and estriol gel. Treatment to date has included medications, chiropractic care is helping per note dated 9-8-15, acupuncture has helped per note dated 3-25-15 and physical therapy decreases her pain per note dated 7-6-15. A request for authorization dated 9-11-15 for steroid injection for bursitis of the piriformis muscle on the right side 1 time every 4 months for 8 months is modified to 1 injection only, per Utilization Review letter dated 9-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Steroid injection for bursitis of the piriformis muscle on the right side 1 time every 4 months for 8 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 09/24/15), Piriformis injections.

**Decision rationale:** Steroid injection for bursitis of the piriformis muscle on the right side 1 time every 4 months for 8 months. The request is for a steroid injection for bursitis of the piriformis muscle on the right side 1 time every 4 months for 8 months. Per the ODG, piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle (behind the hip joint). Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated in prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. Imaging modalities are rarely helpful, but electrophysiologic studies should confirm the diagnosis, if not immediately, then certainly in a patient re-evaluation and as such should be sought persistently. Physical therapy aims at stretching the muscle and reducing the vicious cycle of pain and spasm. It is a mainstay of conservative treatment, usually enhanced by local injections. No consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Conservative treatment (e.g., stretching, manual techniques, injections, activity modifications, modalities like heat or ultrasound, natural healing) is successful in most cases. Injection therapy can be incorporated if the situation is refractory to the aforementioned treatment program. Per the records provided the patient has aching in her low back and sacral area rated at 1-2 out of 10 and she has bursitis on the piriformis muscle on the right side. The physical examination dated 9-8-15 revealed pain on palpation close to the sciatic notch on the right side. One Steroid injection for bursitis of the piriformis muscle on the right side would be medically appropriate in this clinical situation. HOWEVER, the requested number of injections are more than the recommendations of the cited criteria. Significant persistent objective functional deficits that would require frequent injections are not specified in the records provided. The medical necessity of Steroid injection for bursitis of the piriformis muscle on the right side 1 time every 4 months for 8 months is not medically necessary for this patient.